

OCT. 23. 2002 3:19PM

MEDTRONIC LAW DEPT

NO. 3187 P. 3/4

## PART B - FEE(S) TRANSMITTAL

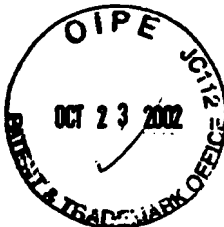
Complete and send this form, together with applicable fee(s), to: Mail Box ISSUE FEE  
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27581 7590 09/30/2002

MEDTRONIC, INC.  
710 MEDTRONIC PARKWAY NE  
MS-LC340  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being transmitted to the USPTO, on the date indicated below.

Sue McCoy (Depositor's name)  
Sue McCoy (Signature)  
Oct. 23, 2002 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/687,446      | 10/13/2000  | Larry R. Larson      | P-7927              | 1342             |

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE EMPLOYING INTEGRAL HOUSING FOR A FORMABLE FLAT BATTERY

| APPL. TYPE     | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1280    | \$0             | \$1280           | 12/30/2002 |

| EXAMINER           | ART UNIT | CLASS-SUBCLASS |
|--------------------|----------|----------------|
| DROESCH, KRISTEN L | 3762     | 607-036000     |

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THIS PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medtronic, Inc.

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent). ☐ Individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee

☒ Publication Fee

☒ Advance Order - # of Copies 10

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Girma Wolde-Michael 10/23/02

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01 FC:1501 1280.00 CH  
02 FC:1504 300.00 CH  
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